

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Attorney Docket No. <b>740756-2638</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | First Inventor <b>Koji MORIYA et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Title <b>METHOD OF MANUFACTURING<br/>CARBON NANOTUBE<br/>SEMICONDUCTOR DEVICE</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Express Mail Label No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>APPLICATION ELEMENTS</b><br><br>See MPEP chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Mail Stop Patent Application<br>Commissioner for Patents<br>ADDRESS TO: P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages 27]<br><i>(preferred arrangement set forth below)</i><br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table,<br>or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings <i>(if filed)</i><br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]<br>5. Oath or Declaration [Total Pages 5]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b)<br>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of<br><i>(when there is an assignee)</i> Attorney<br>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i><br>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS<br>Statement (IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input checked="" type="checkbox"/> Certified Copy of Japanese Priority Document<br>No. 2002-225237 Filed: August 1, 2002<br>16. <input type="checkbox"/> Nonpublication request under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,<br>or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____/<br>Prior application information: Examiner _____ Group / Art Unit: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under<br>Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The<br>incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 22204<br><i>(Insert Customer No. or Attach bar code label here)</i>                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | or <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| City _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | State _____ Zip Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Country _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Telephone _____ Fax _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Name (Print/Type) <b>Tim L. Brackett, Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Registration No. (Attorney/Agent) <b>36,092</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Date <b>July 29, 2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

21906 U.S. PTO  
 10/628239  
 07/29/03



07/29/03

# FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$874.00

Complete if Known

Application Number New Application  
 Filing Date July 29, 2003  
 First Named Inventor Koji MORIYA et al.  
 Examiner Name  
 Art Unit  
 Attorney Docket No. 740756-2638

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:

Deposit Account Number 19-2380 (740756-2638)

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☒ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description        | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|----------|
| 1001                  | 750                   | 2001                  | 375                   | Utility filing fee     | \$750    |
| 1002                  | 330                   | 2002                  | 165                   | Design filing fee      |          |
| 1003                  | 520                   | 2003                  | 260                   | Plant filing fee       |          |
| 1004                  | 750                   | 2004                  | 375                   | Reissue filing fee     |          |
| 1005                  | 160                   | 2005                  | 80                    | Provisional filing fee |          |

SUBTOTAL (1) \$750.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims         | Extra Claims | Fee from below | Fee Paid  |
|----------------------|--------------|----------------|-----------|
| 17                   | -20** = 0    | X \$18         | =         |
| Independent Claims 4 | -3** = 1     | X \$84         | = \$84.00 |
| Multiple Dependent   | X            | \$280          | =         |

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description                                            |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------------------------------------|
| 1202                  | 18                    | 2202                  | 9                     | Claims in excess of 20                                     |
| 1201                  | 84                    | 2201                  | 42                    | Independent claims in excess of 3                          |
| 1203                  | 280                   | 2203                  | 140                   | Multiple dependent claim, if not paid                      |
| 1204                  | 84                    | 2204                  | 42                    | ** Reissue independent claims over original patent         |
| 1205                  | 18                    | 2205                  | 9                     | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) \$84.00

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description                                                            |
|--------------|----------|--------------|----------|----------------------------------------------------------------------------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                                                                            |
| 1051         | 130      | 2051         | 65       | Surcharge - late filing fee or oath                                        |
| 1052         | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |
| 1053         | 130      | 1053         | 130      | Non-English specification                                                  |
| 1812         | 2,520    | 1812         | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |
| 1804         | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |
| 1805         | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |
| 1251         | 110      | 2251         | 55       | Extension for reply within first month                                     |
| 1252         | 410      | 2252         | 205      | Extension for reply within second month                                    |
| 1253         | 930      | 2253         | 465      | Extension for reply within third month                                     |
| 1254         | 1,450    | 2254         | 725      | Extension for reply within fourth month                                    |
| 1255         | 1,970    | 2255         | 985      | Extension for reply within fifth month                                     |
| 1401         | 320      | 2401         | 160      | Notice of Appeal                                                           |
| 1402         | 320      | 2402         | 160      | Filing a brief in support of an appeal                                     |
| 1403         | 280      | 2403         | 140      | Request for oral hearing                                                   |
| 1451         | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |
| 1452         | 110      | 2452         | 55       | Petition to revive - unavoidable                                           |
| 1453         | 1,300    | 2453         | 650      | Petition to revive - unintentional                                         |
| 1501         | 1,300    | 2501         | 650      | Utility issue fee (or reissue)                                             |
| 1502         | 470      | 2502         | 235      | Design issue fee                                                           |
| 1503         | 630      | 2503         | 315      | Plant issue fee                                                            |
| 1460         | 130      | 1460         | 130      | Petitions to the Commissioner                                              |
| 1807         | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)                                        |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |
| 8021         | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |
| 1809         | 750      | 2809         | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |
| 1810         | 750      | 2810         | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |
| 1801         | 750      | 2801         | 375      | Request for Continued Examination (RCE)                                    |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$40.00

## SUBMITTED BY

Name (Print/Type) Tim L. Brackett, Jr.

Registration No. (Attorney/Agent)

36,092

## Complete (if applicable)

Telephone (703) 770-9300

Signature

Date July 29, 2003